

L20 000 142190

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(Address)

(City/State/Zip/Phone #)

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06/26/20 10:00:00 AM **25.00

2020 JUN 26 AM 6:38

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AUG 11 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phlebotomy Orlando Online LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond Marciano
Name of Person

Phlebotomy Orlando Online LLC
Firm/Company

2408 Mayer Street unit B
Address

Orlando/ FL 32806
City/State and Zip Code

marcanoray12@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Marciano at (407) 431-5151
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 26, 2020 and assigned
Florida document number 220000142190

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Raymond Marciano	2408 Mayer Street	<input type="checkbox"/> Add
		Unit B	<input type="checkbox"/> Remove
		Orlando, FL	<input checked="" type="checkbox"/> Change
		24 32806	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

↑ please change Raymond Marciano title from "AP" to "AMBR"

[illegible]

6/26/2020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 24th, 2020

Signature of a member or authorized representative of a member

Raymond Marciano
Typed or printed name of signee

Typed or printed name of signee

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of PHLEBOTOMY ORLANDO ONLINE LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on May 26, 2020, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L20000142190.

Authentication Code: 200602154832-800345261478#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Second day of June, 2020



Laurel M. Lee
Laurel M. Lee
Secretary of State